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Provisional summary record of the 26th meeting
Held at Headquarters, New York, on Thursday, 8 July 2010, at 3 p.m.

President: Mr. Wetland (Vice-President) ..... (Norway)

Contents

Coordination, programme and other questions (*continued*)

(a) Reports of coordination bodies (*continued*)

The role of the United Nations system in implementing the ministerial declaration of the high-level segment of the 2009 substantive session of the Economic and Social Council* (*continued*)

Implementation of and follow-up to major United Nations conferences and summits* (*continued*)

Implementation of General Assembly resolutions 50/227, 52/12 B, 57/270 B, 60/265 and 61/16* (*continued*)

Implementation of and follow-up to major United Nations conferences and summits (*continued*)

(a) Follow-up to the International Conference on Financing for Development (*continued*)

* Items considered together.

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In the absence of Mr. Ali (Malaysia), Mr. Wetland (Norway), Vice-President, took the Chair.

The meeting was called to order at 3.15 p.m.

Coordination, programme and other questions: *(continued)*

(a) Reports of coordination bodies *(continued)* (E/2010/69)

1. **Mr. Stelzer** (Assistant Secretary-General for Policy Coordination and Inter-Agency Affairs, Department of Economic and Social Affairs), responding to comments made on the previous day in relation to the annual overview report of the United Nations System Chief Executives Board for Coordination for 2009/10 (E/2010/69), said that the Joint Crisis Initiatives were being coordinated by the Chief Executives Board in order to align the efforts of United Nations system organizations in response to the economic and financial crisis. The work of the Board was based on the mandates of its member organizations and, in the context of the Joint Crisis Initiatives, the concept of the green economy referred to a decision taken in October 2008 by the Governing Council of the United Nations Environment Programme. He said that he supported the suggestion to allow more time during the coordination segment for discussing the work of the Chief Executives Board and would be happy to address the Council whenever more information was required.

2. **Mr. Cumberbatch Miguen** (Cuba), noting the importance of environmental issues to development, said he wondered to what extent the concept of the green economy would become an additional stumbling block for developing-country economies in the form of unattainable rules and standards. The environmental concepts involved had not yet been clearly defined.

The role of the United Nations system in implementing the ministerial declaration of the high-level segment of the 2009 substantive session of the Economic and Social Council *(continued)* (E/2010/85 and E/2010/90-A/65/84; E/2010/CRP.3)

Implementation of and follow-up to major United Nations conferences and summits *(continued)* (E/2010/90-A/65/84)

Implementation of General Assembly resolutions 50/227, 52/12 B, 57/270 B, 60/265 and 61/16 *(continued)* (E/2010/90-A/65/84)

3. **Ms. Kavun** (Ukraine) said that Ukraine was committed to the implementation of the 2009 Ministerial Declaration and believed that health should be addressed as one of the key elements of equitable and sustainable development, along with economic development, social coherence, human rights and environmental sustainability. The HIV/AIDS epidemic and the A(H1N1) pandemic demonstrated the need for international cooperation within the framework of the United Nations to help empower those most in need, particularly in times of crisis.

4. In the attainment of its public health goals of reducing infant and maternal mortality and combating HIV/AIDS and tuberculosis, Ukraine had received valuable support from the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and United Nations Children's Fund (UNICEF). Partnerships involving Governments, civil society, businessmen and scientists were vital to mobilizing international efforts to combat AIDS, and the main coordinating function of UNAIDS was to conduct regional and global discussions on that issue.

5. **Mr. Jaiswal** (India) said that over the years the Economic and Social Council had played an important role in promoting a coordinated approach to global economic and social development, and the current coordination segment of its session had afforded an effective framework for follow-up to the 2009 ministerial declaration. The significance of progress in relation to health for advancing and sustaining development goals must be emphasized; health indicators accounted for three out of the eight Millennium Development Goals (MDGs), and had direct implications for the attainment of the other five. The 2009 ministerial declaration provided a comprehensive strategic framework for tackling global health concerns in an integrated manner.

6. The Indian Government had made the highest political commitment to the health sector, through such activities as the National Rural Health Mission and the Reproductive and Child Health Programme. Significant progress had been achieved in reducing the infant mortality rate and the incidence of tuberculosis and malaria, as well as in the surveillance of communicable diseases and cancer. India had faced a major challenge

in dealing with the H1N1 pandemic owing to the shortage of vaccine, and in June 2010 had successfully introduced an indigenously produced vaccine.

7. His delegation called on developing countries to meet their commitments regarding provision of resource, technology transfer and capacity-building in the achievement of health-related goals. In the spirit of South-South cooperation, India had shared its experience with fellow developing countries; a noteworthy example was the pan-African e-network project which inter alia linked major hospitals in Africa with specialized hospitals in India. India was a leading source of cost-effective high-quality generic medicines, and was prepared to make affordable medicines available to the poor in developing countries. In that connection, member States must be sensitive to the global public good, and refrain from erecting barriers to legitimate trade. It was time to redouble efforts to make "health for all" a reality.

8. **Ms. Gomez Durán** (Argentina) said that it was important to strengthen international coordination and the multisectoral focus at all levels. Argentina was on course to achieving the health-related MDGs by 2015, according to a progress report issued by the Ministry of Health in May 2010. In relation to Goal 4, child mortality had been declining for several decades and the 2008 figures showed it had been halved compared to 1990. In relation to Goal 5, maternal mortality had been relatively stable over the period 1990-2008. As for Goal 6, the prevalence of HIV/AIDS had also declined over the period 2003-2007 and was already below the target figure for 2015. The Council should continue to play a central role in coordinating United Nations system efforts for global public health and other areas covered by the MDGs.

9. **Mr. Chave** (Observer for Switzerland) said that the Secretary-General's report on the role of the United Nations system in implementing the ministerial declaration of the high-level segment of the 2009 substantive session (E/2010/85) highlighted that the world had fallen well behind in regard to the health-related MDGs. The report also showed that health, with its many facets and a growing number of actors, was a major coordination challenge for both Governments and the United Nations.

10. Switzerland was committed to enhancing coordination in the field of global public health. Efforts to ensure good health at the global level began at the national level through close collaboration between the Ministry of Health and those responsible for development cooperation and foreign affairs. Such collaboration made it possible to adopt a coherent policy in international forums.

11. Switzerland welcomed efforts by the United Nations agencies mentioned in the report to improve coordination and harmonization of financing, as well as initiatives such as Health 8, International Health Partnership and related initiatives, and the creation of a common platform on the financing of health systems by the GAVI Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

12. Switzerland encouraged the United Nations institutions to further coordinate their field activities and appreciated coordination activities to combat specific diseases, including through UNAIDS "Three Ones" principles. Such mechanisms should be extended to other disease-related interventions or issues, including primary health care and strengthening health systems. There was no intergovernmental body to oversee all those coordination mechanisms.

13. Switzerland supported the informal process to redefine the priorities of WHO and to stabilize its funding sources, and hoped that that discussion would also focus on the role of WHO in global governance for health. To achieve internationally agreed goals, WHO must more adequately reflect the complex reality of global public health by including all major governmental and non-governmental players to facilitate proper coordination.

14. The General Assembly and the Economic and Social Council should also address global health issues at the political level, as had been the case with General Assembly resolutions on global health and foreign policy and the Secretary-General's draft action plan on maternal and newborn health. The forums in Geneva and New York must complement each other so as to provide greater visibility to health as a foreign-policy issue.

15. **Ms. Bethel** (Bahamas) noted that it was said that the health of a nation was the wealth of a nation. Many developing countries were lagging in their efforts vis-a-vis the health-related MDGs. Many countries in sub-Saharan Africa still had unacceptably high levels of child and maternal mortality as well as high rates of new HIV infections in some regions.

16. Achieving the health-related goals was hampered by, inter alia, weak health systems, poor health infrastructure and lack of accountability and resources. The global economic and financial crises had led to shrinking health budgets, which compromised health programmes and services for millions of families, particularly in low- and middle-income countries. The 2009 report of the High-level Task Force on Innovative International Financing for Health Systems estimated that those countries most in need required an additional $36 billion to $45 billion in resources to help them achieve the health-related MDGs. However, official development assistance was projected to fall to $108 billion in 2010 from $119.6 billion and $122.3 billion in 2009 and 2008 respectively.

17. Partnerships with the private sector could help bridge the current financial gap for the health-related Goals. The United Nations system alone could not adequately meet the increasing demands of global health. New global health policy actors had emerged over the previous decade, particularly in the area of HIV/AIDS, malaria and tuberculosis. The Bahamas was making significant progress in combating the HIV/AIDS pandemic, in coordination with, inter alia, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the United States President's Emergency Plan for AIDS Relief. An intensive awareness-raising campaign and concentrated prevention, care and treatment programmes had begun. Mother-to-child transmission had been reduced to less than 2 per cent.

18. According to WHO, recent decades had seen a shift in the underlying causes of death and diseases around the world. It predicted a 17-per-cent global increase in deaths from non-communicable diseases between 2006 and 2015. Such diseases were putting pressure on the finances and health systems of some countries and accounted for nearly 45 per cent of all deaths in the Bahamas, where they were the leading cause of morbidity and disability.

19. The Government had passed the National Insurance (Chronic Diseases Prescription Drug Fund) Bill to improve access to prescription drugs and other supplies to control the effects of non-communicable diseases. The Bahamas welcomed the adoption of General Assembly resolution 64/265 and its call for a high-level plenary meeting in 2011 on the prevention and control of non-communicable diseases, with particular focus on their incidence and socio-economic impact.

20. The Bahamas welcomed the first WHO Global Forum of the Non-communicable Disease Network to mobilize support in the prevention and control of non-communicable diseases.

21. Her delegation was sorry to note calls for the deletion and/or reformulation, in the resolution under negotiation, of references to new and innovative financing mechanisms to address specific health issues. To achieve health-related goals, a holistic approach was required: member States must be provided with support and efforts must be effectively coordinated.

22. **Mr. Fila** (Congo) said that his delegation supported the recommendations in the Secretary-General's report. The 2009 ministerial declaration promoted consensus on a broad range of health-related issues. Drawing up and implementing measures to promote international cooperation and best practices in health had enabled many States to make tangible progress towards achieving the health-related Goals. However, with only five years to go before the deadline, States which had not made such progress could fail to achieve those Goals.

23. The initiatives of the United Nations bodies relating to public health and development required sustained support. Such initiatives, particularly those to help developing States achieve the health-related Goals, must be coordinated in order to avoid duplication and waste.

24. Since 2008, the Congo had endeavoured to implement the poverty-reduction strategy 2008-2010. In negotiations with development partners, that strategy ensured coherence among all sectoral-policy and thematic documents on reducing poverty by 2015, such as those adopted by the Government of the Congo. They included the national health-development plan, the health-services development programme and the national road map to expedite the reduction in maternal, infant and child mortality by 2015. Maternal mortality had been reduced to 781 deaths per 100,000 live births.

25. To reduce maternal mortality to 390 deaths per 100,000 live births, further efforts were needed: staff who provided prenatal, delivery and post-natal care required additional training; budgets must be increased to enable the provision of free health care, and systems for the provision of medicines must be improved; State authorities must cover 60 per cent of the costs of prenatal consultations and provide free caesarean

sections; and in order to combat the spread of HIV/AIDS, the programme to prevent mother-child transmission must be extended to cover the whole country.

26. At a time of multiple crises, and given the many challenges in the field of public health, it was difficult for a State to work effectively on its own. The Congo would continue to require the support of development partners, including the World Bank and other United Nations agencies.

27. The Congo believed that implementing the recommendations in the Secretary-General's report would help achieve the health-related MDGs.

28. **Mr. Cumberbatch Miguen** (Observer for Cuba) said that, while his delegation welcomed the annual report of the Chief Executives Board for Coordination (CEB) (E/2010/69), the Board must not appropriate the decision-taking process of Member States. It was unclear why the term "green economy" had been adopted by CEB when there was no consensus in respect of its use. With regard to the economic crisis, the report treated only superficially the nine Joint Crisis Initiatives and appeared to endorse the conclusions of G-20 meetings to the detriment of other Member States. CEB had not consulted Member States in respect of initiatives to address climate change and had not addressed action taken to harmonize practices. His delegation hoped that, in the light of General Assembly draft resolution A/64/L.56 on system-wide coherence, CEB would take steps to enhance transparency and respect the mandates of its member organizations. In addition, greater cooperation between CEB and the Joint Inspection Unit was welcome.

29. His delegation endorsed the conclusions and recommendations of the Committee for Programme and Coordination (CPC) in respect of the report. CEB was an important part of the Council and there should be a simple mechanism, such as a conference room paper distributed before the Council took note of its official report, to inform members of its deliberations. His delegation hoped that the draft resolution and the conclusions and recommendations of CPC would be rigorously implemented, to allow CEB to become the instrument needed.

30. **Mr. Han Fluss** (Observer for Israel) said that too many countries were not on track to achieve the MDGs, in particular in sub-Saharan Africa and south Asia. Efforts had to be redoubled to assist all to achieve the goals, implementing a holistic approach that included all sectors of society, particularly in respect of maternal health, child mortality and global public health. Israel had established partnerships with sub-Saharan Africa to advance MDGs 4, 5 and 6 through creative solutions, including clinics to provide comprehensive health care to women and children. The clinics focused on decreasing maternal and infant mortality and mother-to-child transmission of HIV/AIDS, and were recognized by the United Nations Educational, Scientific and Cultural Organization (UNESCO) as a successful model of public health and education. Efforts were being made to incorporate the same model in Ghana. Programmes were under way in Africa and Asia to promote HIV/AIDS prevention and to provide capacity-building for health-care providers. Lastly, more must be done to combat pneumonia and diarrhoea, the leading causes of childhood death.

31. **Ms. Oosterhof** (Observer for the International Federation of Red Cross and Red Crescent Societies (IFRC)) said that, as a community-based humanitarian network, IFRC was a trusted partner in humanitarian and development programmes, taking a holistic approach that included all of society to achieve public health goals. The IFRC National Societies successfully promoted health and hygiene at the local level; in post-disaster settings such community participation was essential. IFRC was particularly concerned with the challenge of sanitation as a sustainable solution in post-disaster settings.

32. Gender equality and equal access to health services were required to achieve global public health, and a number of National Societies had implemented programmes to reduce the direct financial burden of health care for the poor. Clinics had also been established to provide health care to those in irregular situations. IFRC was interested in the Joint Action Plan for Women's and Children's Health as a model of partnerships and coordination, and noted that the Council session and the Summit on the Millennium Development Goals in September 2010 were excellent opportunities to hone coordination and recommit to achieving the goals. However, more must be invested in health preparedness and emerging challenges, including climate change and rapid urbanization. IFRC was working with partners to address and document anticipated health effects of climate change.

Implementation of and follow-up to major United Nations conferences and summits (*continued*)

(a) Follow-up to the International Conference on Financing for Development (*continued*) (E/2010/8-A/64/649, E/2010/64 and E/2010/83-A/65/81)

33. **Mr. de Bassompierre** (Belgium), speaking on behalf of the European Union; the candidate countries Croatia, the former Yugoslav Republic of Macedonia and Turkey; the stabilization and association process countries and potential candidate countries Albania and Montenegro; and in addition, Armenia, Azerbaijan, Georgia, the Republic of Moldova and Ukraine, said that financing for development must contribute to achieving the Millennium Development Goals and must also support sustainable economic growth and decent employment. In that sense, the European Union remained committed to the Monterrey Consensus on Financing for Development in its entirety.

34. The European Union had recently adopted policies to build the capacity of developing countries to mobilize their domestic resources for the provision of public goods, with a particular focus on creating effective and transparent tax systems. In terms of regional integration and trade, the European Union would work for a balanced outcome of the Doha Development Agenda, one which would contain benefits for the poorest countries, as well as bilateral and regional trade agreements with a variety of developing countries. Unilaterally, the Union had delivered on its commitment to provide duty- and quota-free market access to all products from the least developed countries and called on other developed countries and countries with emerging economies to do the same. In terms of trade-related assistance, the European Union had reached its target of spending €2 billion annually, and its Strategy on Aid for Trade had generated a record level of €10.4 billion in support.

35. Renewal of confidence in global markets was key to replenishing foreign direct investment and international capital flows. To that end, the European Union would continue to support the development of the private sector, and would also promote the United Nations Global Compact and the principles of corporate social responsibility to ensure private-sector support for sustainable development.

36. The European Union accounted for nearly 60 per cent of global official development assistance and was committed to increasing aid to reach 0.7 per cent of gross national income by 2015. In addition, in line with the 2009 Copenhagen Accord, the Union would be providing €2.4 billion annually in fast-start funding to combat climate change for developing countries from 2010 to 2012. It called on all other international donors to contribute their share to global development efforts.

37. He urged non-Development Assistance Committee donors to officially report their assistance flows in order to quantify South-South cooperation and measure its impact on development. In terms of triangular cooperation, the European Union was already involved in policy dialogues and projects with some emerging donors, such as China and Brazil, and wished to enhance that form of cooperation.

38. He called on all donors to follow the principles of aid effectiveness contained in the Paris Declaration and the Accra Agenda for Action in administering their official development assistance. For its part, the European Union had adopted an Operational Framework on Aid Effectiveness focused on practical steps to implementation.

39. The European Union considered proposals for innovative financing mechanisms, with a view to ensuring predictable financing for development, especially for the poorest countries. In that vein, it welcomed the ongoing work of the Leading Group on Innovative Financing for Development and its Taskforces. In addition, the Union would continue to support debt-relief initiatives, in particular the Heavily Indebted Poor Countries Initiative and the Multilateral Debt Relief Initiative. The financial crisis had demonstrated the need for a more efficient global development architecture, with stronger coherence within the United Nations system and between the Bretton Woods institutions and the United Nations.

40. The European Union welcomed the role of the Group of Twenty (G-20) countries in implementing the global development agenda, in particular the Group's support for the MDGs and the work of the United Nations in the least developed countries.

41. The European Union would continue to support the United Nations reforms by providing financial and technical support to the "Delivering as one" initiative at the country level. In addition, the European Union would support increased system-wide coherence through improved functioning of agencies, and

welcomed the establishment of the new gender entity, UN Women.

42. **Mr. Birichevskiy** (Russian Federation) said that the Council should increase cooperation with the international financial and trade institutions to ensure effective implementation of the international development agenda and strengthen the coherence of global currency, financial and trade systems. It was essential to make full use of the Council's comparative advantages in terms of the post-Monterrey process.

43. He welcomed the success of the Council's special high-level meeting in March 2010 with the Bretton Woods institutions, the World Trade Organization (WTO) and the United Nations Conference on Trade and Development (UNCTAD). The Financing for Development Office of the Department of Economic and Social Affairs had made a significant contribution and should continue to provide the Council with informational, analytical and organizational support.

44. Representatives of the International Monetary Fund (IMF), the World Bank, WTO and UNCTAD should continue to give regular briefings on current financial and economic issues and be more actively involved in the discussion of financing for development in the context of the coordination segment. That segment could become a forum for reviewing the implementation of agreements between the United Nations and the Bretton Woods institutions, as envisaged by the 2009 Conference on the World Financial and Economic Crisis and Its Impact on Development.

45. A conceptual analysis of United Nations cooperation with the international financial institutions might indicate a need for amendments to the Agreement of 1947. Such amendments, if needed, were beyond the mandate of the Council and should be made in another forum.

46. There should be an effective division of labour between the Council and the General Assembly with regard to follow-up in the area of financing for development, and the Council's resolutions should not duplicate those of the Second Committee.

47. **Mr. Sergeyev** (Ukraine) said that Ukraine had been gravely affected by the economic crisis and, while it was dependent on external support, it understood that resolving the crisis was primarily its responsibility. It had therefore adopted a sweeping programme for economic reform. Reform would be strengthened by the successful conclusion of the Doha Development Round, including measures to prevent protectionist measures and to create transparent instruments to enhance global competition. Bilateral and regional cooperation being critical to a successful multilateral trading system, Ukraine had signed the Free Trade Agreement with the European Free Trade Association. Comprehensive reform of the international financial system was required in order to address the economic crisis.

48. Dialogue should be intensified with the G-20 on enhancing the regulatory role of the major international financial institutions and their ability to prevent economic emergencies, with a focus on the special needs and interests of developing countries. The participation of the Council in such discussions would be welcome. It was essential to increase the financial capacity of those institutions and to establish more flexible loan terms and mechanisms. Ukraine also welcomed the decision to increase the voting power of developing countries and economies in transition.

49. **Mr. Zdorov** (Belarus) said that the political will of Member States and new impetus for development were essential for achieving the MDGs. The international community should make additional efforts to strengthen financing for development, with a special focus on political coherence, close cooperation and coordination of their work with donor countries and private investors. The admittance of developing countries and States with economies in transition into the World Trade Organization was a significant step in that direction. A new energy architecture was needed to ensure universal access to energy services and the unrestricted exchange of ecologically sound and economically accessible energy technologies.

50. It was also essential to address obstacles to achieving the MDGs, including the continuing use of unilateral coercive economic measures, which hampered the development of free trade and efforts to establish the conditions required for sustainable development.

51. In the post-crisis period, conditions would be less favourable for all economies dependent on export markets and external financing, and Belarus was vulnerable in both areas. A more radical liberalization of trade regimes was needed, since easier access to the markets of developed States, as established in the

Monterrey Consensus, had not materialized. Nor had reliance on market forces proved beneficial.

52. He commended donors for their efforts to meet their official development assistance (ODA) commitments, while noting the complexity of the donor system, the lack of transparency and the sometimes selective nature of the assistance. ODA should be provided on a more predictable and stable basis and should as far as possible complement national efforts to achieve the MDGs. Feedback from the recipient countries should help to address those issues. Belarus, as a recipient, made consistent efforts to ensure its effectiveness and in March 2010 had acceded to the Paris Declaration on Aid Effectiveness, which had been further developed in the 2008 Accra Agenda for Action.

53. Belarus continued its stable cooperation with the United Nations Development Programme (UNDP), the European Commission and the international financial institutions. The IMF Stand-By Arrangement for Ukraine had stimulated private initiative and stabilized the banking and financial systems, and the World Bank had supported the Government's efforts to mitigate the social impact of the crisis. Belarus looked forward to multilateral cooperation with the European partnership initiative and to sectoral dialogues with the European Commission on energy, transport, ecology and other issues. There had been a significant increase in the resources of the UNDP country programme to address climate change, HIV/AIDS and tuberculosis, among other issues. Belarus hoped for a marked expansion of technical-assistance credits from the international financial institutions.

54. **Mr. Gutiérrez Reinel** (Peru) said that, despite the adverse effects of the global economic crisis on developing and middle-income countries, Peru had implemented responsible economic policies and, as a result, projected an increase in its gross domestic product of at least 6 per cent for 2010. The International Labour Organization Global Jobs Pact was designed to stimulate economic recovery, create jobs and protect working people, and it had proven effective in combating poverty and promoting employment in Peru. Peru therefore looked forward to the adoption of draft resolution E/2010/L.9 in support of the Global Jobs Pact.

55. Constructive dialogue that included the viewpoints of smaller countries on reform of the international financial system was necessary for developing countries to achieve economic growth. Tendencies towards protectionism must be avoided and the Doha Development Round must come to a rapid conclusion. Financial and technical support for micro-, small and medium-sized enterprises was also important as a proven tool to combat poverty. Lastly, international decisions made in respect of financing for development must include climate change, particularly environmental degradation. It was therefore important for the Council to continue to follow up the International Conference on Financing for Development.

56. **Mr. Rahman** (Bangladesh), speaking with regard to item 6 (a), on follow-up to the International Conference on Financing for Development, said that his country wanted the full implementation of the Monterrey Consensus and the early conclusion of the Doha Development Round. He called on all developed countries to fulfil their commitment to MDG 8 regarding a Global Partnership for Development, especially with respect to increasing ODA, market access and debt relief for least developed countries and other disadvantaged countries.

57. With regard to item 4, he stressed the importance of ensuring sustainable public health. Public-health systems were precarious in many developing countries and faced further threats from emerging diseases, natural disasters, migration, urbanization and conflicts. The achievement of health-related MDGs had been relatively slow, owing to the lack of resources and capacities in the developing countries. Climate change was creating serious health hazards in vulnerable countries.

58. He welcomed the 2009 ministerial declaration on global public health and was pleased by the attention given to the rising burden of non-communicable diseases on the economies of low- and middle-income countries.

59. His Government saw health care as integral to overall socio-economic development. It was pursuing the principle of universal health coverage and accessibility with special emphasis on the most vulnerable groups, addressing gaps in achieving Goal 5 on maternal health through the Health, Nutrition and Population Sector Programme with substantial budgetary allocations, and strengthening the primary-

health-care system by setting up 18,000 community clinics and recruiting health personnel.

60. Effective utilization of ODA was essential to achieving the priorities of the National Strategy for Accelerated Poverty Reduction with a focus on health-related goals. Bangladesh had recently signed a Joint Cooperation Strategy with its many development partners and the United Nations country team, which offered a more effective way of working together in the spirit of the Paris Declaration and the Accra Agenda for Action, in line with the National Strategy and the upcoming five-year plan. Developing countries were badly in need of resources to translate their development plans and commitments into meaningful actions. The cost of achieving the health-related MDGs in Bangladesh had been estimated at over $20 billion. He urged Member States to redouble their commitment to the training of community and public-health workers, and urged greater South-South, North-South and triangular cooperation in that regard.

61. **Mr. González Segura** (Observer for Mexico) said that, in respect of attaining the MDGs, it was important for the High-level Plenary Meeting of the General Assembly in September 2010 to take into account the outcome of the Special High-level Meeting of the Council with the Bretton Woods institutions, the World Trade Organization and the United Nations Conference on Trade and Development and of the High-level Dialogue on Financing for Development, both of which had been held in March 2010. The latter had identified the financial sources needed for developing countries to achieve the MDGs. In addition, the report of the Secretary-General on follow-up to the Monterrey Consensus and Doha Declaration on Financing for Development should also take into account the conclusions of those meetings.

62. His delegation would be submitting a draft resolution on follow-up to the International Conference on Financing for Development.

Draft resolution entitled "Recovery from the world financial and economic crisis: a Global Jobs Pact" (E/2010/L.9)

63. **Mr. Al-Aud** (Yemen), on behalf of the Group of 77 and China, introduced draft resolution E/2010/L.9. The crisis had caused unemployment and global hardship and the Group believed that the Global Jobs Pact was an important reference for national and international efforts to respond to the crisis and offered a framework that could be adapted to national circumstances.

64. **Mr. Birichevskiy** (Russian Federation) said that his country supported the draft resolution and wished to be included in the list of sponsors.

65. **The President** said that the Council would be invited to take a decision on the draft resolutions mentioned by the representatives of Mexico and Yemen at a later date; that was the reason for the suspension of the coordination segment.

66. **Mr. Sha** Zukang (Under-Secretary-General for Economic and Social Affairs) said that the coordination segment had addressed issues of importance for the ongoing and future work of the United Nations. The Council had discussed significant aspects of global public health in the follow-up to the 2009 ministerial declaration and had emphasized the need to coordinate United Nations system-wide efforts. Health-related MDGs could not be met by 2015 without concerted action by all stakeholders. The Council had also highlighted the ravaging effect of non-communicable diseases on societies and welcomed the General Assembly's decision to convene a high-level meeting on that issue in 2011. The Council had discussed the valuable role of United Nations organizations in supporting low- and middle-income countries in developing policies that promoted job creation and social protection.

67. He welcomed the Council's decision to consider item 6 (a), on follow-up to the International Conference on Financing for Development, which lent support to development cooperation, including South-South cooperation. He noted that South-South cooperation should complement rather than substitute for North-South cooperation. The developed world must deliver on its pledges in the Monterey Consensus and the Doha Declaration, or progress towards several Goals would be compromised. Noting that the Group of Twenty excluded more than 85 per cent of the world's countries and more than one third of its people, he said that it was critical to devise ways for the Group of Twenty to engage with the United Nations and its larger membership. He thanked participants for their commitment to the Council's work and counted on their continued dedication leading up to the High-level Plenary Meeting of the General Assembly on the Millennium Development Goals in September 2010.

68. **The President** said that the coordination segment had been enriched by the broad participation of representatives of the United Nations, Governments and civil society. The Council's dealings with health issues constituted an important link to the High-level Plenary Meeting on the MDGs in September 2010.

The meeting rose at 5.20 p.m.